



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV/RBT IV MAINTENANCE REPORT

RECEIVED  
DHSS Breath Alcohol Program  
By Carol Day at 10:06 am, Mar 01, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

ALCO SENSOR IV SN <b>0977432</b>	RBT IV SN <b>096.3580.926</b>	DATE OF INSPECTION <b>2-20-10</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>301 N. 22<sup>nd</sup> St. St. Charles</b>		TIME OF INSPECTION <b>0251</b>

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instruments.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) **passed**

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) **23°C**

☒ PRINTER WORKING PROPERLY **passed**

☒ TIME AND DATE DISPLAYING PROPERLY **2-20-10 0259 hours**

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within  $\pm 5\%$  of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <b>098</b>	TEST 2 <b>096</b>	TEST 3 <b>098</b>
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☒ SIMULATOR TEMPERATURE (34°C  $\pm$  .2°C) **33.96°C**

☒ RFI DETECTOR OPERATING **passed**

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS:  
(DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	<b>1</b>	(0-.04)	<b>2</b>	(.05-.09)	<b>4</b>	(.10-.14)	<b>12</b>	(.15-.19)	<b>2</b>	(Over .19)	<b>2</b>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

**Meets DHSS Standards**

**Guth Lab lot # 9270 Exp. 9-23-10 Conc. 10**

INSPECTING OFFICER

SIGNATURE  
**Michael C. Hoek**

PRINT NAME  
**Michael C. Hoek**

TYPE II PERMIT NUMBER/EXPIRATION DATE  
**920134 6-19-11**

TELEPHONE NUMBER  
**636-949-0809**



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09270** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1207** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **September 23, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at **34°C. +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

#### CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

<u>09270</u>	<u>9/23/09</u>	<u>9/23/10</u>
LOT NO.	MFG. DATE	EXP. DATE

<u>275 Gal.</u>	<u>500 ML</u>	<u>317</u>
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.  
590 North 67<sup>th</sup> Street, Harrisburg, PA 17111  
Toll Free 800-233-2338  
Rev. 4/02



Ted L. Pauley, President  
GUTH LABORATORIES, INC.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



MICHAEL C HOEFLE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000;ASIV/RBT

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/19/09

Number 920134

Expires 06/19/2011

MO 580-0771 (7-88)

*John J. Mathewson*

Director of State Public Health Laboratory

*Margaret T. Donnelly*

Director, Department of Health

Lab. 4 (R7-88)

AS IV Serial no: 097432  
Version no: 004C

TEST RECORD 00139

Temp Date Time 210L

Air Blank:  
02/20/10 03:10 .000  
Calibration Check:  
23 02/20/10 03:10 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location  
DOC

AS IV Serial no: 097432  
Version no: 004C

TEST RECORD 00140

Temp Date Time 210L

Air Blank:  
02/20/10 03:11 .000  
Calibration Check:  
24 02/20/10 03:11 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

DOC

AS IV Serial no: 097432  
Version no: 004C

TEST RECORD 00141

Temp Date Time 210L

Air Blank:  
02/20/10 03:13 .000  
Calibration Check:  
25 02/20/10 03:13 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

DOC

AS IV Serial no: 097432  
Version no: 004C

TEST RECORD 00143

Temp Date Time 210L

Void: RFI  
12 02/20/10 03:14

Subject Name

Subject I.D.

Operator Name, I.D.

Location

DOC